POSITION		ID NO.	DATE
CLASSIFIER		10	6-20-94
EXAMINER			
TYPIST		331	3/10/95
VERIFIER			
CORPS CORR.			
SPEC. HAND		438	6-30-94
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Best Available Copy

Claim		Date					
Final	Original						
	1	✓	✓				
	2	✓	✓				
	3						
	4						
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	6						
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	10	✓					
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Claim		Date					
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SYMBOLS
✓	Rejected
=	Allowed
. (Through numberal)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected